



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Out-of-State Providers

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4.0	Policies and procedures as of February 1, 2020 Published: April 9, 2020	Scheduled update: <ul style="list-style-type: none"> • Reorganized and edited text as needed for clarity • Updated the initial note box with standard wording • Updated retroactive provider enrollment information in the Introduction section • Updated the Prior Authorization for Out-of-State Services section • Added the Out-of-State Providers with In-State Status section and added and updated subsections: <ul style="list-style-type: none"> – Updated the Out-of-State Areas Designated as “In State” section – Added the Special Circumstances That Allow In-State Status for Out-of-State Providers section – Updated the Out-of-State Suppliers of Medical Equipment section • Updated the Reimbursement Rates for Out-of-State Hospital Providers section 	FSSA and DXC

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Out-of-State Providers

*Note: The information in this module applies to Indiana Health Coverage Programs (IHCP) services provided under the **fee-for-service (FFS)** delivery system. For information about services provided through the **managed care** delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise member services – providers must contact the member’s managed care entity (MCE) or refer to the MCE provider manual. MCE contact information is included in the [IHCP Quick Reference Guide](#) available at in.gov/medicaid/providers.*

For updates to information in this module, see [IHCP Banner Pages and Bulletins](#) at in.gov/medicaid/providers.

Introduction

Out-of-state healthcare providers may enroll as Medicaid providers in the Indiana Health Coverage Programs (IHCP). Out-of-state provider rules are found in *Indiana Administrative Code 405 IAC 5-5*.

The [IHCP Provider Enrollment Type and Specialty Matrix](#) at in.gov/medicaid/providers lists document requirements for out-of-state providers and indicates which provider types and specialties are ineligible for out-of-state enrollment. For more information on enrolling as an IHCP provider, see the [Provider Enrollment](#) module.

Out-of-state health care providers must enroll in the IHCP to receive reimbursement for services provided to IHCP members.

Note: IHCP members may require healthcare services when they are outside the state of Indiana under specifically defined circumstances. If an IHCP member requires healthcare services, he or she should inquire (if possible, before receiving services) whether the organization is enrolled as an IHCP provider.

In cases where an out-of-state provider who is not enrolled in the IHCP delivers services to an IHCP member in need of care while traveling, a retroactive provider enrollment date of up to 6 months may be considered for approval by the Indiana Family and Social Services Administration (FSSA).

Prior Authorization for Out-of-State Services

All out-of-state services rendered to IHCP members require prior authorization (PA), with the following exceptions:

- Emergency services
 - Although PA is not required for emergency services, for continuation of inpatient treatment and hospitalization, providers must request PA within 48 hours of admission.
- Pharmacy services that are exempt from PA
- Telemedicine services if providers have the subtype “telemedicine” attached to their enrollment
 - See the [Telemedicine and Telehealth Services](#) module for more information.

- Services rendered by an out-of-state provider that has been enrolled with an “in-state” status, unless those services would require PA if delivered in state:
 - Service location is in a designated out-of-state county, as described in the [Out-of-State Areas Designated as “In State”](#) section
 - Meets at least one special circumstance described in the [Special Circumstances That Allow In-State Status for Out-of-State Providers](#) section
 - Is a durable medical equipment (DME) or home medical equipment (HME)/medical supply dealer (provider type 25) with a business office in Indiana and meeting all other criteria described in the [Out-of-State Suppliers of Medical Equipment](#) section

Note: Special consideration is also given to members of the Adoption Assistance Program who are placed outside Indiana. Although the out-of-state PA requirement is not waived in this situation, the IHCP will approve all PA requests for routine medical and dental care provided out of state for these individuals.

As noted in 405 IAC 5-5-2(c), PA can be granted for any period from 1 day to 1 year for covered out-of-state medical services, if the service meets criteria for medical necessity **and** any one of the following criteria is also met:

- The service is not available in Indiana. (*Note: Care provided by out-of-state Veterans Administration is an exception to this requirement.*)
- The member has previously received services from the provider.
- Transportation to an appropriate Indiana facility would cause undue expense or hardship to the member or the IHCP.
- The out-of-state provider is a regional treatment center or distributor.
- The out-of-state provider is significantly less expensive than the Indiana providers – for example, a large laboratory versus an individual pathologist.

See the [Service Restrictions](#) section for specific services not eligible for PA when provided out of state and not covered when performed by out-of-state providers.

The out-of-state PA rules are found in 405 IAC 5-5-2 and 405 IAC 5-5-3. For general information about requesting PA, see the [Prior Authorization](#) module.

Out-of-State Providers with In-State Status

Certain circumstances allow a provider located outside Indiana to qualify for IHCP enrollment with an *in-state status*. This in-state status exempts providers from the out-of-state PA requirement and allows them to follow PA guidelines as though they were located in Indiana.

These providers continue to be required to meet out-of-state documentation requirements for IHCP enrollment.

Out-of-State Areas Designated as “In State”

Effective July 1, 2019, the IHCP expanded the out-of-state areas that it designates as “in-state” for PA requirements, to include counties located within the metropolitan statistical areas (MSAs) of major cities within or bordering Indiana. Providers with service locations in the out-of-state counties listed in [Table 1](#) will be considered *in-state* for IHCP prior authorization purposes.

Table 1 – Out-of-State Counties Considered In-State for IHCP Prior Authorization

Metropolitan Statistical Area	Out-of-State Counties
Chicago-Naperville-Elgin area	Cook (Illinois)
	DeKalb (Illinois)
	DuPage (Illinois)
	Grundy (Illinois)
	Kane (Illinois)
	Kendall (Illinois)
	Lake (Illinois)
	McHenry (Illinois)
	Will (Illinois)
Cincinnati area	Boone (Kentucky)
	Bracken (Kentucky)
	Brown (Ohio)
	Butler (Ohio)
	Campbell (Kentucky)
	Clermont (Ohio)
	Gallatin (Kentucky)
	Grant (Kentucky)
	Hamilton (Ohio)
	Kenton (Kentucky)
	Pendleton (Kentucky)
	Warren (Ohio)
Louisville/Jefferson County area	Bullitt (Kentucky)
	Henry (Kentucky)
	Jefferson (Kentucky)
	Oldham (Kentucky)
	Shelby (Kentucky)
	Spencer (Kentucky)
	Trimble (Kentucky)
Evansville area	Henderson (Kentucky)
South Bend-Mishawaka area	Cass (Michigan)

For a complete list of applicable ZIP codes, see [Out-of-State Areas Designated as In-State for IHCP Providers](#) at in.gov/medicaid/providers.

Special Circumstances That Allow In-State Status for Out-of-State Providers

Providers that are located outside Indiana and are **not** in one of the counties in [Table 1](#) have an opportunity to request in-state status when applying for IHCP enrollment or when revalidating or updating their enrollment. During the IHCP enrollment, revalidation, or update process, eligible provider specialties may assert any of the following circumstances to support their request to be designated as an in-state provider:

- Enrollment increases access to medically necessary services in areas where the distance to an in-state provider would subject a member, or a member's family, to significant financial hardship or create an unnecessary significant burden on a member.
- Enrollment allows a member to retain a primary medical provider, or to obtain specialty services from a provider (such as centers for excellence) when the same care may not be available from an in-state provider, or would place a significant hardship on a member due to the geographic location of the in-state specialty care provider.
- Transportation to an appropriate in-state provider would cause significant undue expense or hardship on a member or the office.
- Enrollment addresses an emergency health crisis.

Certain provider specialties are excluded from requesting in-state status as noted in the [IHCP Provider Enrollment Type and Specialty Matrix](#) at in.gov/medicaid/providers.

Out-of-State Suppliers of Medical Equipment

Durable medical equipment (DME) or home medical equipment (HME) providers (provider type 25) that are located outside the counties in [Table 1](#) but would like to request in-state status for their IHCP enrollment will be required to confirm that they meet **all** the following requirements:

- Maintain an Indiana business office, staffed during regular business hours, with telephone service.
- Provide service, maintenance, and replacements for IHCP members whose equipment has malfunctioned.
- Qualify with the Indiana Secretary of State as a foreign corporation.
- Anticipate at least 70% of their Indiana business to be rendered by mail order or online purchases.

Providers are required to submit supporting documentation for each of the circumstances asserted at the time of enrollment.

Note: All PA requests submitted by DME or HME suppliers must be signed by a physician or, for electronic PA requests, must include an attachment documenting that the service or supply is physician-ordered.

Service Restrictions

As noted in *405 IAC 5-5-2(b)*, PA is not approved for the following services outside Indiana, and these services are not covered when provided by any out-of-state provider, including out-of-state providers designated as “in state”:

- Services provided by nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), or home health agencies
- Services provided by any other type of long-term care (LTC) facility, including facilities directly associated with or part of an acute care general hospital, unless otherwise approved by the Indiana FSSA

For additional provider types and specialties that are ineligible to enroll in the IHCP as out-of-state providers, as well as special requirements for certain out-of-state provider types and specialties, see the [IHCP Provider Enrollment Type and Specialty Matrix](https://in.gov/medicaid/providers) at in.gov/medicaid/providers.

Note: Out-of-state hospice providers are not reimbursed by the IHCP unless the following two conditions are met:

- *A completed Indiana State Department of Health (ISDH) survey has been sent to the fiscal agent by the ISDH.*
- *The service location is in a designated out-of-state county listed in [Table 1](#).*

Reimbursement Rates for Out-of-State Hospital Providers

The IHCP reimburses enrolled out-of-state hospital providers according to the same reimbursement methodologies and rates use for in-state hospital providers.

Out-of-state hospital providers that have been granted in-state status (see the [Out-of-State Providers with In-State Status](#) section) are not eligible to participate in the IHCP Hospital Assessment Fee (HAF) program, as described in *405 IAC 1-8-5* and *405 IAC 1-10.5-7*.